

Northwest Medical Center  
705 N College St  
Albany, MO 64402

To: 1102 Grand Ave MMR; Kansas City, MO 64106

**This is an Evergreen service / RHC # 793352**

HCP: 17908

FRN 1691146

Bluebird Network acct # NWMEDC  
Spin: 143027882

**20M PTP VLAN Ethernet ID ALBB-VLAN-14314-01-KCBM**

**This circuit was removed 8/1/16**

Rural Rate:  
**\$3250.00**

Urban Rate:  
**\$199.96**

# Health Care Providers Universal Service Funding Request and Certification Form

The deadline to submit this form is the June 30th end of the funding year.

Estimated time per response: 3 hours

**Read instructions thoroughly before completing this form. Failure to comply may cause delayed or denied funding.****Block 1: HCP Information**

1 HCP Name Northwest Medical Center	2 HCP Number 17908
3 Form 465 Application # 43143596	4 Consortium Name (If any)

**Block 2: Bill Payer Information**

5 Billed Entity Name Northwest Medical Center	6 Billed Entity FCC RN 0002504975
7 Contact Name James Crouch	
8 Address Line 1 705 N College Street	
9 Address Line 2	
10 City Albany	11 State MO 12 Zip 64402
13 Contact Phone # 660-726-1261	14 Fax # 15 Email james.crouch@northwestmedicalcenter.com

**Block 3: Funding Year Information**

16 Funding Year - Check only one box		
<input type="checkbox"/> Year 2014 (7/1/2014-6/30/2015)	<input type="checkbox"/> Year 2015 (7/1/2015-6/30/2016)	<input checked="" type="checkbox"/> Year 2016 (7/1/2016-6/30/2017)

**Block 4: Service Information**

17 Type of Service & Circuit Bandwidth (Documentation required) PTP 20M Ethernet	
18 Total Billed Miles 0	19 Maximum Allowable Distance (From Form 465) 101
20 Percentage of HCP's service used for the provision of health care. 100 (If less than 100%, please explain.) If the HCP indicated it is a part-time eligible entity (on Form 465), describe method of allocating prorated support.	

Connection Information	Carrier A	Carrier B	Carrier C	Carrier D
21 Service Provider Name	Bluebird Network			
22 Service Provider Identification Number (SPIN)	143027882			
23 Service Provider Contact Person Name	Michael Morey			
24 Service Provider Contact Person's Phone #	816-361-8821			
25 Service Provider Contact Person Email	michael.morey@bluebirdnetwork.com			
26 Circuit Start Location	705 N College, Albany MO 64402			
27 Circuit Termination Location	1607 E Hwy 136, Albany MO 64402			
28 Billing Account Number	NWMEDC			
29 Tariff, Contract or other document reference number	793354			
30 Date Contract Signed or Date HCP Selected Carrier	11/14/2014			
31 Contract Expiration Date (mm/dd/yyyy or NA if MTM)	12/28/2017			
32 Service Installation Date	12/29/2014			
33 Actual Rural Rate per Month (Enclose Documentation)	1800.00			
34 If you are a consortium member OR have multiple carriers, please attach a Circuit Diagram to show how the sites interconnect and which carrier(s) provides each circuit segment. Circuit Diagram included: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
35 Are you a mobile rural health care provider? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, see instructions and attach a list of all sites to be served.				

IF YOU ARE REQUESTING SUPPORT FOR MILEAGE-BASED CHARGES, COMPLETE BLOCK 5 ONLY AND SKIP BLOCK 6. (PLEASE SEE INSTRUCTIONS). IF YOU ARE REQUESTING SUPPORT BASED ON URBAN/RURAL RATE COMPARISON, SKIP BLOCK 5 AND COMPLETE ONLY BLOCK 6. YOUR APPLICATION CANNOT BE PROCESSED IF BOTH BLOCKS ARE COMPLETED.

**Block 5: Mileage-based Charge Discount Request**

Complete this block if you are seeking support for mileage (distance-based) charges only. Do not enter any other charges in this block. You may need to ask your service provider representative to provide this information

36 Billed Circuit Miles				
37 Monthly Mileage Charges (Exclude Channel Termination chgs, etc.)				
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If Line 33 equals Line 37, please ensure that ONLY mileage-related charges are included in Line 37. (See instructions.)

**Block 6: Comprehensive Rate Comparison Request**

Complete Block 6 if you have not completed Block 5 and are requesting support for all elements of your telecommunications service necessary for the provision of health care. The information in this block will establish the difference between the urban and rural rates for your requested service. Please contact RHCD at (800 453-1546 if you need assistance.

39 One-time Urban Rate Charge (in selected large city)				
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If your circuit includes charges for mileage over the Maximum Allowable Dist., (Line 19), please complete Lines 42 to 44. Otherwise, skip to Block 7.

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**Block 7: Bid Documentation**

45 Did you receive any bids in response to the Form 465 Request for Services posted on the RHCD website? ☐ Yes ☒ No  
If you checked yes, copies of the bids MUST be submitted to RHCD.


**Block 8: Certification**

46 ☒ I certify that the above named entity has considered all bids received and selected the most cost-effective method of providing the requested service or services. The "most cost-effective service" is defined in the Universal Service Order as the service available at the lowest cost after consideration of the features, quality of transmission, reliability, and other factors that the health care provider deems necessary for the service to adequately transmit the health care services required by the health care provider.

47 ☒ Pursuant to 47 C.F.R. Secs. 54.601 and 54.603, I certify that the HCP or consortium that I am representing satisfies all of the requirements herein and will abide by all of the relevant requirements, including all applicable FCC rules, with respect to universal service benefits provided under 47 U.S.C. Sec. 254. I understand that any letter from RHCD that erroneously states that funds will be made available for the benefit of the applicant may be subject to rescission.

48 ☒ I hereby certify that the billed entity will maintain complete billing records for the service for five years.

49 ☒ I certify that I am authorized to submit this request on behalf of the above-named Billed Entity and HCP, and that I have examined this form and attachments and that to the best of my knowledge, information, and belief, all statements of fact contained herein are true.

50 Signature 	51 Date 7/18/2017
52 Printed name of authorized person Geoff Boggs	53 Title or position of authorized person CEO
54 Employer of authorized person USF Healthcare Consulting, Inc	55 Employer's FCC RN 0018694075

**Please remember:**

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Albany, MO 64402

To: 1607 E Hwy 136; Albany, MO 64402

**This is an Evergreen service / RHC # 793354**

HCP: 17908

Bluebird Network acct # NWMEDC  
Spin 143027882

**20M PTP VLAN Ethernet ID ALBB-VLAN-14309-02-ALBB**

Rural Rate:  
**\$1800.00**

Urban Rate:

**2 x 99.98 = 199.96**

Health Care Providers Universal Service  
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Connection Information	Carrier A	Carrier B	Carrier C	Carrier D
21 Service Provider Name	Bluebird Network			
22 Service Provider Identification Number (SPIN)	143027882			
23 Service Provider Contact Person Name	Michael Morey			
24 Service Provider Contact Person's Phone #	816-361-8821			
25 Service Provider Contact Person Email	michael.morey@bluebirdnetwork.com			
26 Circuit Start Location	705 N College, Albany MO 64402			
27 Circuit Termination Location	16 W 4th St. Grant City, MO 64456			
28 Billing Account Number	NWMEDC			
29 Tariff, Contract or other document reference number	836350			
30 Date Contract Signed or Date HCP Selected Carrier	11/14/2014			
31 Contract Expiration Date (mm/dd/yyyy or NA if MTM)	11/13/2017			
32 Service Installation Date	5/18/2015			
33 Actual Rural Rate per Month (Enclose Documentation)	3000.00			
34 If you are a consortium member OR have multiple carriers, please attach a Circuit Diagram to show how the sites interconnect and which carrier(s) provides each circuit segment. Circuit Diagram included: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
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If Line 33 equals Line 37, please ensure that ONLY mileage-related charges are included in Line 37. (See instructions.)

#### Block 6: Comprehensive Rate Comparison Request

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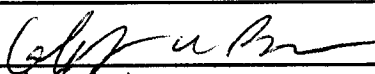
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Spin: 143027882

FRN 1691145

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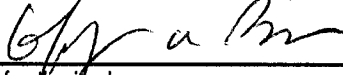
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<https://forms.universalservice.org/usaclogin/login.asp>

Northwest Medical Center  
705 N College St  
Albany, MO 64402

To: 402 E Hwy 136 Bus; Albany, MO 64402

**This is an Evergreen service / RHC # 793353**

HCP: 17908

:

Bluebird Network acct # NWMEDC

Spin: 143027882

**20M PTP VLAN Ethernet**

**ID ALBB-VLAN-14309-01-ALBB**

Rural Rate:  
**\$1800.00**

Urban Rate:

**2 x 99.98 = 199.96**

The deadline to submit this form is the June 30th end of the funding year.

Estimated time per response: 3 hours

**Read instructions thoroughly before completing this form. Failure to comply may cause delayed or denied funding.****Block 1: HCP Information**

1 HCP Name Northwest Medical Center	2 HCP Number 18338
3 Form 465 Application # 43144764	4 Consortium Name (If any)

**Block 2: Bill Payer Information**

5 Billed Entity Name Northwest Medical Center-Stanberry Rural Health	6 Billed Entity FCC RN 0002504975	
7 Contact Name James Crouch		
8 Address Line 1 202 E Main St.		
9 Address Line 2		
10 City Stanberry	11 State MO	12 Zip 64489
13 Contact Phone # 660-726-1261	14 Fax #	15 Email james.crouch@northwestmedicalce

**Block 3: Funding Year Information**

16 Funding Year - Check only one box		
<input type="checkbox"/> Year 2014 (7/1/2014-6/30/2015)	<input type="checkbox"/> Year 2015 (7/1/2015-6/30/2016)	<input checked="" type="checkbox"/> Year 2016 (7/1/2016-6/30/2017)

**Block 4: Service Information**

17 Type of Service & Circuit Bandwidth (Documentation required) PTP 20M Ethernet	
18 Total Billed Miles 0	19 Maximum Allowable Distance (From Form 465) 97
20 Percentage of HCP's service used for the provision of health care. 100 (If less than 100%, please explain.) If the HCP indicated it is a part-time eligible entity (on Form 465), describe method of allocating prorated support.	

Connection Information	Carrier A	Carrier B	Carrier C	Carrier D
21 Service Provider Name	Bluebird Network			
22 Service Provider Identification Number (SPIN)	143027882			
23 Service Provider Contact Person Name	Michael Morey			
24 Service Provider Contact Person's Phone #	816-361-8821			
25 Service Provider Contact Person Email	michael.morey@bluebirdnetwork.com			
26 Circuit Start Location	202 E Main St. Stanberry, MO 64489			
27 Circuit Termination Location	705 N College, Albany MO 64402			
28 Billing Account Number	NWMEDC			
29 Tariff, Contract or other document reference number	793401			
30 Date Contract Signed or Date HCP Selected Carrier	11/14/2014			
31 Contract Expiration Date (mm/dd/yyyy or NA if MTM)	2/2/2020			
32 Service Installation Date	2/3/2015			
33 Actual Rural Rate per Month (Enclose Documentation)	2200.00			
34 If you are a consortium member OR have multiple carriers, please attach a Circuit Diagram to show how the sites interconnect and which carrier(s) provides each circuit segment. Circuit Diagram included: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
35 Are you a mobile rural health care provider? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, see instructions and attach a list of all sites to be served.				

**IF YOU ARE REQUESTING SUPPORT FOR MILEAGE-BASED CHARGES, COMPLETE BLOCK 5 ONLY AND SKIP BLOCK 6. (PLEASE SEE INSTRUCTIONS). IF YOU ARE REQUESTING SUPPORT BASED ON URBAN/RURAL RATE COMPARISON, SKIP BLOCK 5 AND COMPLETE ONLY BLOCK 6. YOUR APPLICATION CANNOT BE PROCESSED IF BOTH BLOCKS ARE COMPLETED.**

**Block 5: Mileage-based Charge Discount Request**

Complete this block if you are seeking support for mileage (distance-based) charges only. Do not enter any other charges in this block. You may need to ask your service provider representative to provide this information

36 Billed Circuit Miles				
37 Monthly Mileage Charges (Exclude Channel Termination chgs, etc.)				
38 Cost per Mile per Month				

If Line 33 equals Line 37, please ensure that ONLY mileage-related charges are included in Line 37. (See Instructions.)

**Block 6: Comprehensive Rate Comparison Request**

Complete Block 6 if you have not completed Block 5 and are requesting support for all elements of your telecommunications service necessary for the provision of health care. The information in this block will establish the difference between the urban and rural rates for your requested service. Please contact RHCD at (800) 453-1546 if you need assistance.

39 One-time Urban Rate Charge (in selected large city)				
40 One-time Rural Rate Charge (in city where HCP is located)				
41 Monthly Urban Rate (in selected large city). From RHCD website: <input type="checkbox"/> or Other rate documentation attached: <input checked="" type="checkbox"/>	\$199.96			

If your circuit includes charges for mileage over the Maximum Allowable Dist., (Line 19), please complete Lines 42 to 44. Otherwise, skip to Block 7.

42 Billed Circuit Miles				
43 Monthly Mileage Based Charges				
44 Cost per Mile per Month				

**Block 7: Bid Documentation**

45 Did you receive any bids in response to the Form 465 Request for Services posted on the RHCD website? ☐ Yes ☒ No  
If you checked yes, copies of the bids MUST be submitted to RHCD.

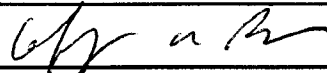
**Block 8: Certification**

46 ☒ I certify that the above named entity has considered all bids received and selected the most cost-effective method of providing the requested service or services. The "most cost-effective service" is defined in the Universal Service Order as the service available at the lowest cost after consideration of the features, quality of transmission, reliability, and other factors that the health care provider deems necessary for the service to adequately transmit the health care services required by the health care provider.

47 ☒ Pursuant to 47 C.F.R. Secs. 54.601 and 54.603, I certify that the HCP or consortium that I am representing satisfies all of the requirements herein and will abide by all of the relevant requirements, including all applicable FCC rules, with respect to universal service benefits provided under 47 U.S.C. Sec. 254. I understand that any letter from RHCD that erroneously states that funds will be made available for the benefit of the applicant may be subject to rescission.

48 ☒ I hereby certify that the billed entity will maintain complete billing records for the service for five years.

49 ☒ I certify that I am authorized to submit this request on behalf of the above-named Billed Entity and HCP, and that I have examined this form and attachments and that to the best of my knowledge, information, and belief, all statements of fact contained herein are true.

50 Signature 	51 Date 7/13/2017
52 Printed name of authorized person Geoff Boggs	53 Title or position of authorized person CEO
54 Employer of authorized person USF Healthcare Consulting, Inc	55 Employer's FCC RN 0018694075

**Please remember:**

- ♦ You must submit one Form 466 for **each service** (i.e., circuit) for which you request reduced rates. For example:
  - If you are requesting reduced rates for **two** T1 lines, you must submit **two** Forms 466.
  - If you are requesting reduced rates for **two** ISDN lines & **one** Frame Relay line, you must submit **three** Forms 466.
- ♦ If the **service described on this form is subject to the 28-day competitive bidding requirement, do not select a carrier or complete the Form 466 before or during the 28-day posting period.**
- ♦ You must provide evidence of the urban rate if you have completed Block 6 and have not used the urban rates from the website.
- ♦ This form, attachments, and supporting documents should be combined in one envelope and sent to the RHCD.
- ♦ If the service described on this form changes (e.g., rate change) during the funding year, **you must notify RHCD immediately** and submit a revised Form 466.
- ♦ If you have any questions, contact RHCD at (800) 453-1546.

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

**FCC NOTICE FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT**

Part 3 of the Commission's Rules authorize the FCC to request the information on this form. The data reported will be used to ensure that health care providers have selected the most cost-effective method of providing the requested services as set forth in 47 C.F.R. Section 54.603(b)(4). The information will be used by the Universal Service Administrative Company and/or the staff of the Federal Communications Commission, to evaluate this form, to provide information for enforcement and rulemaking proceedings and to maintain a current inventory of applicants, health care providers, billed entities, and service providers. No authorization can be granted unless all information requested is provided. Failure to provide all requested information will delay the processing of the application or result in the application being returned without action. Information requested by this form will be available for public inspection. Your response is required to obtain the requested authorization.

The public reporting for this collection of information is estimated to average 3 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the required data, and completing and reviewing the collection of information. If you have any comments on this burden estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD-PER, Paperwork Reduction Act Project (3060-0804), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspects of this collection via the Internet if you send them to [pra@fcc.gov](mailto:pra@fcc.gov). PLEASE DO NOT SEND YOUR RESPONSE TO THIS ADDRESS.

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<https://forms.universalservice.org/usaclogin/login.asp>



Northwest Medical Center- Stanberry Rural Health Clinic  
202 Main St  
Stanberry, MO 64489

Start—705 N College; Albany, MO 64402  
END-- 202 Main St; Stanberry, MO 64489

**This is an Evergreen service / RHC # 793401**

HCP: 18338  
FRN:  
Bluebird Network acct # NWMEDC  
Spin: 143027882

**20M PTP VLAN Ethernet ID ALBB-VLAN-14309-01-MAVB**

Rural Rate:  
**\$2200.00**

Urban Rate:  $99.98 \times 2 = 199.96$

Health Care Providers Universal Service  
Funding Request and Certification Form

The deadline to submit this form is the June 30th end of the funding year.

Estimated time per response: 3 hours

**Read instructions thoroughly before completing this form. Failure to comply may cause delayed or denied funding.****Block 1: HCP Information**

1 HCP Name Northwest Medical Center-New Hampton Clinic	2 HCP Number 30931
3 Form 465 Application # 43144769	4 Consortium Name (If any)

**Block 2: Bill Payer Information**

5 Billed Entity Name Northwest Medical Center-New Hampton Clinic	6 Billed Entity FCC RN 0002504975	
7 Contact Name James Crouch		
8 Address Line 1 304 E Lincoln St		
9 Address Line 2		
10 City New Hampton	11 State MO	12 Zip 64471
13 Contact Phone # 660-726-1261	14 Fax #	15 Email james.crouch@northwestmedicalcenter.com

**Block 3: Funding Year Information**

16 Funding Year - Check only one box		
<input type="checkbox"/> Year 2014 (7/1/2014-6/30/2015)	<input type="checkbox"/> Year 2015 (7/1/2015-6/30/2016)	<input checked="" type="checkbox"/> Year 2016 (7/1/2016-6/30/2017)

**Block 4: Service Information**

17 Type of Service & Circuit Bandwidth (Documentation required) PTP 5M Ethernet	
18 Total Billed Miles 0	19 Maximum Allowable Distance (From Form 465)
20 Percentage of HCP's service used for the provision of health care. 100 (If less than 100%, please explain.) If the HCP indicated it is a part-time eligible entity (on Form 465), describe method of allocating prorated support.     	

Connection Information	Carrier A	Carrier B	Carrier C	Carrier D
21 Service Provider Name	Bluebird Network			
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23 Service Provider Contact Person Name	Michael Morey			
24 Service Provider Contact Person's Phone #	816-361-8821			
25 Service Provider Contact Person Email	michael.morey@bluebirdnetwork.com			
26 Circuit Start Location	304 E Lincoln St, New Hampton, MO 64471			
27 Circuit Termination Location	705 N College, Albany MO 64402			
28 Billing Account Number	NWMEDC			
29 Tariff, Contract or other document reference number	793402			
30 Date Contract Signed or Date HCP Selected Carrier	11/14/2014			
31 Contract Expiration Date (mm/dd/yyyy or NA if MTM)	1/12/2020			
32 Service Installation Date	1/13/2015			
33 Actual Rural Rate per Month (Enclose Documentation)	2400.00			
34 If you are a consortium member OR have multiple carriers, please attach a Circuit Diagram to show how the sites interconnect and which carrier(s) provides each circuit segment. Circuit Diagram included: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
35 Are you a mobile rural health care provider? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, see instructions and attach a list of all sites to be served.				

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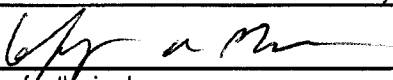
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50 Signature 	51 Date 7/18/2017
52 Printed name of authorized person Geoff Boggs	53 Title or position of authorized person CEO
54 Employer of authorized person USF Healthcare Consulting, Inc	55 Employer's FCC RN 0018694075

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<https://forms.universalservice.org/usaclogin/login.asp>

Northwest Medical Center- New Hampton Clinic  
304 E Lincoln St  
New Hampton, MO 64471

Start—705 N College; Albany, MO 64402  
END-- 304 E. Lincoln St; New Hampton, MO 64489

**This is an Evergreen service / RHC # 793402**

HCP: 30931  
FRN:  
Bluebird Network acct # NWMEDC  
Spin: 143027882

**5M PTP VLAN Ethernet ID ALBB-VLAN-14309-01-BTHN**

Rural Rate:  
**\$2400.00**

Urban Rate:  
 $99.98 \times 2 = 199.96$

Missouri Network Alliance LLC  
2005 W. Broadway Building A, Suite 110  
Columbia, MO 65203

Billing Inquiries: Disputeresolution@bluebirdnetwork.com



Northwest Medical Center, Assn  
Attn: Attn: James Crouch  
705 N College St  
Albany, MO 64402-

BAN NWMEDC  
INVOICE NUM 17863  
INVOICE DAT 7/1/2016  
DUE DATE NET 30  
SERVICE DAT July 2016

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***ACCOUNT SUMMARY***

PREVIOUS BALANCE	\$16,766.75	
PAYMENTS	<u>\$16,766.75</u>	
BALANCE PAST DUE		\$0.00
CURRENT CHARGES	<u>\$16,766.75</u>	
TOTAL AMOUNT DUE		<u><u>\$16,766.75</u></u>

REMOVE AND RETURN THE LOWER SECTION WITH YOUR PAYMENT. THANK YOU.

-----

SEND PAYMENTS TO:  
Missouri Network Alliance LLC  
2005 W. Broadway Building A, Suite 110  
Columbia, MO 65203

Northwest Medical Center, Assn  
Attn: Attn: James Crouch  
705 N College St  
Albany, MO 64402

AMOUNT PAID

Invoice Numbe 17863  
Invoice Date 7/1/2016  
BAN NWMEDC

remit to:

# INVOICE

Missouri Network Alliance LLC D

800 NW Chipman Road Suite 5750 Lees Summit, MO 64063-

InvoiceNo: 17863

Due: Net 30

Northwest Medical Center, Assn

Billing Account Code: NWMEDC

Attn: James Crouch

Invoice Date 07/01/2016

705 N College St

Invoice For Month Of: July

Albany, MO 64402

Circuit	ALBB-VLAN-14309-01-ALBB				
Serv. Month	Description	UnitRate	Units:	Amount	
Jul	ICB Individual Case Basis	\$1,800.00	1	\$1,800.00	
Jul	MoUSF Missouri USF Surcharge	\$1.80	1	\$1.80	
A Location: 705 N College St : Albany, MO 64402		Z Location: 402 E Hwy 136 Bus : Albany, MO 64402			
Purchase Order Number NW Center Albany Clinic- 20Mb		Origin Date: 12/29/2014		Circuit Total:	\$1,801.80

Circuit	ALBB-VLAN-14309-01-BTHN				
Serv. Month	Description	UnitRate	Units:	Amount	
Jul	ICB Individual Case Basis	\$2,400.00	1	\$2,400.00	
Jul	MoUSF Missouri USF Surcharge	\$2.40	1	\$2.40	
A Location: 705 N College St : Albany, MO 64402		Z Location: 304 E Lincoln St : New Hampton, MO 64471			
Purchase Order Number NW Medical New Hampton- 5Mb		Origin Date: 1/13/2015		Circuit Total:	\$2,402.40

Circuit	ALBB-VLAN-14309-01-MAVB				
Serv. Month	Description	UnitRate	Units:	Amount	
Jul	ICB Individual Case Basis	\$2,200.00	1	\$2,200.00	
Jul	MoUSF Missouri USF Surcharge	\$2.20	1	\$2.20	
A Location: 705 N College St : Albany, MO 64402		Z Location: 202 Main St : Stanberry, MO 64489			
Purchase Order Number NW Medical Stanberry- 20Mb		Origin Date: 2/3/2015		Circuit Total:	\$2,202.20

Circuit	ALBB-VLAN-14309-01-STTK				
Serv. Month	Description	UnitRate	Units:	Amount	
Jul	ICB Individual Case Basis	\$3,000.00	1	\$3,000.00	
Jul	MoUSF Missouri USF Surcharge	\$3.00	1	\$3.00	
A Location: 705 N College St : Albany, MO 64402		Z Location: 16th W 4th St : Grant City, MO 64456			
Purchase Order Number NW Medical Grant City- 20Mb		Origin Date: 5/18/2015		Circuit Total:	\$3,003.00

Circuit	ALBB-VLAN-14309-02-ALBB				
Serv. Month	Description	UnitRate	Units:	Amount	
Jul	ICB Individual Case Basis	\$1,800.00	1	\$1,800.00	
Jul	MoUSF Missouri USF Surcharge	\$1.80	1	\$1.80	
A Location: 705 N College St : Albany, MO 64402		Z Location: 1607 E Hwy 136 : Albany, MO 64402			
Purchase Order Number Albany Clinic East- 20Mb		Origin Date: 12/29/2014		Circuit Total:	\$1,801.80

Circuit	ALBB-VLAN-14314-01-KCBM				
Serv. Month	Description	UnitRate	Units:	Amount	
Jul	ICB Individual Case Basis	\$3,250.00	1	\$3,250.00	

remit to:

## INVOICE

Missouri Network Alliance LLC D

800 NW Chipman Road Suite 5750 Lees Summit, MO 64063-

Jul	MoUSF	Missouri USF Surcharge	\$3.25	1	\$3.25
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A Location: 705 N College St : Albany, MO 64402

Z Location: 1102 Grand Av MMR: Kansas City, MO 64106

Purchase Order Number NW Medical Center- 100Mb

Origin Date: 1/1/2015

Circuit Total: \$3,253.25

Circuit KCB-B-VLAN-14309-03-ALBB

Serv. Month	Description	UnitRate	Units:	Amount
Jul	ICB Individual Case Basis	\$2,300.00	1	\$2,300.00
Jul	MoUSF Missouri USF Surcharge	\$2.30	1	\$2.30

A Location: 1102 Grand Av Ste 1010: Kansas City, MO 64106 Z Location: 705 N College St : Albany, MO 64402

Purchase Order Number NW Medical Center Main Hospt- 50M Origin Date: 12/29/2014

Circuit Total: \$2,302.30

INVOICE TOTAL: \$16,766.75





KCFiber / liNKCity

201 E 16th Ave. NKC, MO 64116

(816) 412-7990

## **BUDGETARY QUOTE FOR SERVICES**

Client: Bluebird Network

Number of Sites: 2

Contact: Accounts Payable

Address: 2005 W Broadway, Bldg. A, Ste 110  
Columbia, MO. 65203

Prepared by: Nicolai Laquaglia

Account Executive: Nicolai Laquaglia

Contact: 816-412-7812 | Nicolai@KCFiber.com

Date: May 15<sup>th</sup>, 2017

### **DESCRIPTION OF SERVICES: Point to Point – (P2P)**

KCFiber / liNKCity to provide a 100 Mbps Symmetrical circuit via Fiber Ethernet – to be delivered to connect the following address sites:

A Location: 1925 Burlington St, North Kansas City, MO 64116

Z Location: 1102 Grand Blvd, Kansas City MO. 64106

Full 24/7 – 365 Business Class Support

Service Type	Anticipated Service Installation Date	Non-Recurring Charge	Monthly Recurring Payment	Term
A: 100Mbps Ethernet Fiber Access	TBA	\$99.99	\$99.98	MTM
Z: 100Mbps Ethernet Fiber Access			\$99.98	MTM
	Total	\$99.99	\$199.96	

Account Executive:

*Nicolai Laquaglia*

Date:

*5/16/17*